

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>CAROLINE</u> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>DENTON</u> TOWN <u>Zays</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>CAROLINE</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>DENTON</u> TOWN <u>DENTON</u> STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>ANNA</u> <u>SABANDA</u> <u>BREEDING</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>FEB</u> <u>15</u> 19 <u>59</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MAY 7, 1874</u>	9. AGE last birthday <u>84</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JOSEPH CHERRY</u>				14. MOTHER'S MAIDEN NAME <u>(unknown) DOUGLAS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT & ADDRESS <u>Mrs Mark Hignutt, Denton, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>442X</u> IMMEDIATE CAUSE (A) <u>Cardiovascular Renal Disease</u> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) <u>General Arteriosclerosis</u> STATING UNDERLYING CAUSE LAST. DUE TO (C)				18. MEDICAL CERTIFICATION <u>Chronic Myocarditis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar. 10, 1958</u> , to <u>Feb. 15, 1959</u> , that I last saw the deceased alive on <u>Feb. 15, 1959</u> , and that death occurred at <u>11:30 A.</u> from the causes and on the date stated above.							
SIGNATURE <u>Charles H Stover</u> M.D.				ADDRESS (Street, city, town, state) <u>Greensboro, Md.</u>		DATE SIGNED <u>Feb. 17 '59</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb 18, 1959</u>		NAME OF CEMETERY OR CREMATORY <u>Greenmount</u>		LOCATION (City, town, or county) (State) <u>Hillaboro Md</u>	
24. REC'D BY REGISTRAR <u>FEB 24 '59</u>		REGISTRAR'S SIGNATURE <u>Arthur L. Hines</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Hignutt</u>		ADDRESS <u>Denton, Md.</u>	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01688

1684

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Delaware b. COUNTY Sussex	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg		c. LENGTH OF STAY IN 1b 1 day	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 314 Greenridge Road		e. STREET ADDRESS Near Atlanta	
3. NAME OF DECEASED (Type or print) First William Middle Harvey Last Britton		4. DATE OF DEATH Month February Day 22 Year 59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 13, 1880
9. AGE (In years last birthday) 79 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) Wilmington, Delaware		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Britton		14. MOTHER'S MAIDEN NAME Kiziah Talley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. J. Thomas Mills, Federalsburg, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO CORONARY ARTERY SCLEROSIS, DIFFUSE, ADVANCED, WITH MYOCARDIAL FAILURE, TERMINAL. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE, DIFFUSE, ADVANCED. (c) SENILITY (SENILE STATE) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) AORTIC ANEURISM, ARCH, ARTERIOSCLEROTIC			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 10/24/52 , 19____, to 2/22/59 , 19____, that I last saw the deceased alive on 2/21/59 , 19____, and that death occurred at 3:30 P.M. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) BRIDGEVILLE, DELAWARE DATE SIGNED 2/24/59			
ACTUAL SIGNATURE R. H. Beckert		PHYSICIAN'S NAME (Type) R. H. BECKERT, M.D.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 25, 1959	
22c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery		22d. LOCATION (City, town, or county) (State) Federalsburg, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE J. J. Frampton and Son, Federalsburg, Maryland		24. REC'D BY REGISTRAR DATE FEB 27 '59	
24b. REGISTRAR'S SIGNATURE Arthur S. Hines			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1685

CERTIFICATE OF DEATH

01689

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural				c. LENGTH OF STAY IN 1b Life			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Near American Corner				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Herman Middle Jefferson Last Conley				4. DATE OF DEATH Month February Day 2 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 12, 1885	9. AGE (In years last birthday) 73 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Caroline Co., Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME E. Francis Conley				14. MOTHER'S MAIDEN NAME Mollie Butler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-34-9251		17. INFORMANT Mrs. Daisy F. Conley, Federalsburg, Md. RFD			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stokes Adams Syndrome 420.0 DUE TO (b) One to two heartblock Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) Arteriosclerotic Heart Disease						INTERVAL BETWEEN ONSET AND DEATH 10 min 3 wks 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 3/29 , 19 45 , to 2/2 , 19 59 that I last saw the deceased alive on 1/31/59 , 19 59 , and that death occurred at 10 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Federalsburg, Maryland DATE SIGNED 2/4/59							
ACTUAL SIGNATURE Harry B. Plummer M.D.		PHYSICIAN'S NAME (Type) Dr. H. B. Plummer Preston Md.					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 5, 1959		22c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery		22d. LOCATION (City, town, or county) (State) Federalsburg, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE J. J. Frampton and Son, Federalsburg, Maryland				24a. REC'D BY REGISTRAR FEB 6 '59		24b. REGISTRAR'S SIGNATURE William S. Kraus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BALTIMORE STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1686

CERTIFICATE OF DEATH

01690

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Caroline</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Preston - Rural</u>				c. LENGTH OF STAY IN 1b <u>Life</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Harmony</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Bessie</u> Middle <u>Washington</u> Last <u>Haynes</u>				4. DATE OF DEATH Month <u>February</u> Day <u>5</u> Year <u>19 59</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 11, 1893</u>	
9. AGE (In years lost birthday) <u>65</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Caroline Co., Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas Green</u>				14. MOTHER'S MAIDEN NAME <u>Annie Friend</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>219-05-8810</u>		17. INFORMANT <u>Corenia M. Cook, Preston, Maryland, R.F.D.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Infarction</u> DUE TO Conditions, if any, which gave rise to immediate cause (c), stating the underlying cause lost. (b) <u>Coronary Thrombosis</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u> <u>4 mo</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Hypertension 20 years</u> <u>Right hemiplegia 5 yrs</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>19</u> Month <u>19</u> Day <u>19</u> Year <u>19</u> o. m. p. m.				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) <u>Preston, Maryland, R.F.D.</u>				20g. (State) <u>Maryland</u>			
21. I certify that I attended the deceased from <u>Jan 20</u> , 19 <u>59</u> , to <u>Feb 5</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>Feb 5</u> , 19 <u>59</u> , and that death occurred at <u>4:15P</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) _____ DATE SIGNED _____ ACTUAL SIGNATURE <u>E. Paul Knotts</u> M.D. PHYSICIAN'S NAME (Type) <u>E. Paul Knotts M.D.</u> <u>Denton, Md</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Feb. 9, 1959</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Harmony Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Preston, Maryland, R.F.D.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J.J. Frampton and Son, Federalsburg, Maryland</u>				24a. REC'D BY REGISTRAR DATE <u>FEB 16 59</u>		24b. REGISTRAR'S SIGNATURE <u>Arthur S. Knave</u>	

CERTIFICATE OF DEATH

1888

Age of Dec. 18

<p>1. Name of Decedent</p>		<p>2. Sex</p>		<p>3. Race</p>		<p>4. Date of Birth</p>		<p>5. Date of Death</p>		<p>6. Place of Death</p>	
<p>7. Cause of Death</p>		<p>8. Immediate Cause</p>		<p>9. Remote Cause</p>		<p>10. Manner of Death</p>		<p>11. Signature of Physician</p>		<p>12. Signature of Registrar</p>	
<p>13. Name of Hospital</p>		<p>14. Name of Physician</p>		<p>15. Name of Registrar</p>		<p>16. Name of Coroner</p>		<p>17. Name of Jury</p>		<p>18. Name of Judge</p>	
<p>19. Name of County</p>		<p>20. Name of City</p>		<p>21. Name of Town</p>		<p>22. Name of Village</p>		<p>23. Name of Hamlet</p>		<p>24. Name of Place</p>	
<p>25. Name of Street</p>		<p>26. Name of Road</p>		<p>27. Name of Lane</p>		<p>28. Name of Alley</p>		<p>29. Name of Court</p>		<p>30. Name of Square</p>	
<p>31. Name of Block</p>		<p>32. Name of Lot</p>		<p>33. Name of Parcel</p>		<p>34. Name of Tract</p>		<p>35. Name of Estate</p>		<p>36. Name of Interest</p>	
<p>37. Name of Title</p>		<p>38. Name of Deed</p>		<p>39. Name of Will</p>		<p>40. Name of Trust</p>		<p>41. Name of Lease</p>		<p>42. Name of Mortgage</p>	
<p>43. Name of Lien</p>		<p>44. Name of Claim</p>		<p>45. Name of Demand</p>		<p>46. Name of Action</p>		<p>47. Name of Proceeding</p>		<p>48. Name of Case</p>	
<p>49. Name of Matter</p>		<p>50. Name of Cause</p>		<p>51. Name of Suit</p>		<p>52. Name of Action</p>		<p>53. Name of Proceeding</p>		<p>54. Name of Case</p>	
<p>55. Name of Matter</p>		<p>56. Name of Cause</p>		<p>57. Name of Suit</p>		<p>58. Name of Action</p>		<p>59. Name of Proceeding</p>		<p>60. Name of Case</p>	
<p>61. Name of Matter</p>		<p>62. Name of Cause</p>		<p>63. Name of Suit</p>		<p>64. Name of Action</p>		<p>65. Name of Proceeding</p>		<p>66. Name of Case</p>	
<p>67. Name of Matter</p>		<p>68. Name of Cause</p>		<p>69. Name of Suit</p>		<p>70. Name of Action</p>		<p>71. Name of Proceeding</p>		<p>72. Name of Case</p>	
<p>73. Name of Matter</p>		<p>74. Name of Cause</p>		<p>75. Name of Suit</p>		<p>76. Name of Action</p>		<p>77. Name of Proceeding</p>		<p>78. Name of Case</p>	
<p>79. Name of Matter</p>		<p>80. Name of Cause</p>		<p>81. Name of Suit</p>		<p>82. Name of Action</p>		<p>83. Name of Proceeding</p>		<p>84. Name of Case</p>	
<p>85. Name of Matter</p>		<p>86. Name of Cause</p>		<p>87. Name of Suit</p>		<p>88. Name of Action</p>		<p>89. Name of Proceeding</p>		<p>90. Name of Case</p>	
<p>91. Name of Matter</p>		<p>92. Name of Cause</p>		<p>93. Name of Suit</p>		<p>94. Name of Action</p>		<p>95. Name of Proceeding</p>		<p>96. Name of Case</p>	
<p>97. Name of Matter</p>		<p>98. Name of Cause</p>		<p>99. Name of Suit</p>		<p>100. Name of Action</p>		<p>101. Name of Proceeding</p>		<p>102. Name of Case</p>	
<p>103. Name of Matter</p>		<p>104. Name of Cause</p>		<p>105. Name of Suit</p>		<p>106. Name of Action</p>		<p>107. Name of Proceeding</p>		<p>108. Name of Case</p>	
<p>109. Name of Matter</p>		<p>110. Name of Cause</p>		<p>111. Name of Suit</p>		<p>112. Name of Action</p>		<p>113. Name of Proceeding</p>		<p>114. Name of Case</p>	
<p>115. Name of Matter</p>		<p>116. Name of Cause</p>		<p>117. Name of Suit</p>		<p>118. Name of Action</p>		<p>119. Name of Proceeding</p>		<p>120. Name of Case</p>	
<p>121. Name of Matter</p>		<p>122. Name of Cause</p>		<p>123. Name of Suit</p>		<p>124. Name of Action</p>		<p>125. Name of Proceeding</p>		<p>126. Name of Case</p>	
<p>127. Name of Matter</p>		<p>128. Name of Cause</p>		<p>129. Name of Suit</p>		<p>130. Name of Action</p>		<p>131. Name of Proceeding</p>		<p>132. Name of Case</p>	
<p>133. Name of Matter</p>		<p>134. Name of Cause</p>		<p>135. Name of Suit</p>		<p>136. Name of Action</p>		<p>137. Name of Proceeding</p>		<p>138. Name of Case</p>	
<p>139. Name of Matter</p>		<p>140. Name of Cause</p>		<p>141. Name of Suit</p>		<p>142. Name of Action</p>		<p>143. Name of Proceeding</p>		<p>144. Name of Case</p>	
<p>145. Name of Matter</p>		<p>146. Name of Cause</p>		<p>147. Name of Suit</p>		<p>148. Name of Action</p>		<p>149. Name of Proceeding</p>		<p>150. Name of Case</p>	
<p>151. Name of Matter</p>		<p>152. Name of Cause</p>		<p>153. Name of Suit</p>		<p>154. Name of Action</p>		<p>155. Name of Proceeding</p>		<p>156. Name of Case</p>	
<p>157. Name of Matter</p>		<p>158. Name of Cause</p>		<p>159. Name of Suit</p>		<p>160. Name of Action</p>		<p>161. Name of Proceeding</p>		<p>162. Name of Case</p>	
<p>163. Name of Matter</p>		<p>164. Name of Cause</p>		<p>165. Name of Suit</p>		<p>166. Name of Action</p>		<p>167. Name of Proceeding</p>		<p>168. Name of Case</p>	
<p>169. Name of Matter</p>		<p>170. Name of Cause</p>		<p>171. Name of Suit</p>		<p>172. Name of Action</p>		<p>173. Name of Proceeding</p>		<p>174. Name of Case</p>	
<p>175. Name of Matter</p>		<p>176. Name of Cause</p>		<p>177. Name of Suit</p>		<p>178. Name of Action</p>		<p>179. Name of Proceeding</p>		<p>180. Name of Case</p>	
<p>181. Name of Matter</p>		<p>182. Name of Cause</p>		<p>183. Name of Suit</p>		<p>184. Name of Action</p>		<p>185. Name of Proceeding</p>		<p>186. Name of Case</p>	
<p>187. Name of Matter</p>		<p>188. Name of Cause</p>		<p>189. Name of Suit</p>		<p>190. Name of Action</p>		<p>191. Name of Proceeding</p>		<p>192. Name of Case</p>	
<p>193. Name of Matter</p>		<p>194. Name of Cause</p>		<p>195. Name of Suit</p>		<p>196. Name of Action</p>		<p>197. Name of Proceeding</p>		<p>198. Name of Case</p>	
<p>199. Name of Matter</p>		<p>200. Name of Cause</p>		<p>201. Name of Suit</p>		<p>202. Name of Action</p>		<p>203. Name of Proceeding</p>		<p>204. Name of Case</p>	
<p>205. Name of Matter</p>		<p>206. Name of Cause</p>		<p>207. Name of Suit</p>		<p>208. Name of Action</p>		<p>209. Name of Proceeding</p>		<p>210. Name of Case</p>	
<p>211. Name of Matter</p>		<p>212. Name of Cause</p>		<p>213. Name of Suit</p>		<p>214. Name of Action</p>		<p>215. Name of Proceeding</p>		<p>216. Name of Case</p>	
<p>217. Name of Matter</p>		<p>218. Name of Cause</p>		<p>219. Name of Suit</p>		<p>220. Name of Action</p>		<p>221. Name of Proceeding</p>		<p>222. Name of Case</p>	
<p>223. Name of Matter</p>		<p>224. Name of Cause</p>		<p>225. Name of Suit</p>		<p>226. Name of Action</p>		<p>227. Name of Proceeding</p>		<p>228. Name of Case</p>	
<p>229. Name of Matter</p>		<p>230. Name of Cause</p>		<p>231. Name of Suit</p>		<p>232. Name of Action</p>		<p>233. Name of Proceeding</p>		<p>234. Name of Case</p>	
<p>235. Name of Matter</p>		<p>236. Name of Cause</p>		<p>237. Name of Suit</p>		<p>238. Name of Action</p>		<p>239. Name of Proceeding</p>		<p>240. Name of Case</p>	
<p>241. Name of Matter</p>		<p>242. Name of Cause</p>		<p>243. Name of Suit</p>		<p>244. Name of Action</p>		<p>245. Name of Proceeding</p>		<p>246. Name of Case</p>	
<p>247. Name of Matter</p>		<p>248. Name of Cause</p>		<p>249. Name of Suit</p>		<p>250. Name of Action</p>		<p>251. Name of Proceeding</p>		<p>252. Name of Case</p>	
<p>253. Name of Matter</p>		<p>254. Name of Cause</p>		<p>255. Name of Suit</p>		<p>256. Name of Action</p>		<p>257. Name of Proceeding</p>		<p>258. Name of Case</p>	
<p>259. Name of Matter</p>		<p>260. Name of Cause</p>		<p>261. Name of Suit</p>		<p>262. Name of Action</p>		<p>263. Name of Proceeding</p>		<p>264. Name of Case</p>	
<p>265. Name of Matter</p>		<p>266. Name of Cause</p>		<p>267. Name of Suit</p>		<p>268. Name of Action</p>		<p>269. Name of Proceeding</p>		<p>270. Name of Case</p>	
<p>271. Name of Matter</p>		<p>272. Name of Cause</p>		<p>273. Name of Suit</p>		<p>274. Name of Action</p>		<p>275. Name of Proceeding</p>		<p>276. Name of Case</p>	
<p>277. Name of Matter</p>		<p>278. Name of Cause</p>		<p>279. Name of Suit</p>		<p>280. Name of Action</p>		<p>281. Name of Proceeding</p>		<p>282. Name of Case</p>	
<p>283. Name of Matter</p>		<p>284. Name of Cause</p>		<p>285. Name of Suit</p>		<p>286. Name of Action</p>		<p>287. Name of Proceeding</p>		<p>288. Name of Case</p>	
<p>289. Name of Matter</p>		<p>290. Name of Cause</p>		<p>291. Name of Suit</p>		<p>292. Name of Action</p>		<p>293. Name of Proceeding</p>		<p>294. Name of Case</p>	
<p>295. Name of Matter</p>		<p>296. Name of Cause</p>		<p>297. Name of Suit</p>		<p>298. Name of Action</p>		<p>299. Name of Proceeding</p>		<p>300. Name of Case</p>	
<p>301. Name of Matter</p>		<p>302. Name of Cause</p>		<p>303. Name of Suit</p>		<p>304. Name of Action</p>		<p>305. Name of Proceeding</p>		<p>306. Name of Case</p>	
<p>307. Name of Matter</p>		<p>308. Name of Cause</p>		<p>309. Name of Suit</p>		<p>310. Name of Action</p>		<p>311. Name of Proceeding</p>		<p>312. Name of Case</p>	
<p>313. Name of Matter</p>		<p>314. Name of Cause</p>		<p>315. Name of Suit</p>		<p>316. Name of Action</p>		<p>317. Name of Proceeding</p>		<p>318. Name of Case</p>	
<p>319. Name of Matter</p>		<p>320. Name of Cause</p>		<p>321. Name of Suit</p>		<p>322. Name of Action</p>		<p>323. Name of Proceeding</p>		<p>324. Name of Case</p>	
<p>325. Name of Matter</p>		<p>326. Name of Cause</p>		<p>327. Name of Suit</p>		<p>328. Name of Action</p>		<p>329. Name of Proceeding</p>		<p>330. Name of Case</p>	
<p>331. Name of Matter</p>		<p>332. Name of Cause</p>		<p>333. Name of Suit</p>		<p>334. Name of Action</p>		<p>335. Name of Proceeding</p>		<p>336. Name of Case</p>	
<p>337. Name of Matter</p>		<p>338. Name of Cause</p>		<p>339. Name of Suit</p>		<p>340. Name of Action</p>		<p>341. Name of Proceeding</p>		<p>342. Name of Case</p>	
<p>343. Name of Matter</p>		<p>344. Name of Cause</p>		<p>345. Name of Suit</p>		<p>346. Name of Action</p>		<p>347. Name of Proceeding</p>		<p>348. Name of Case</p>	
<p>349. Name of Matter</p>		<p>350. Name of Cause</p>		<p>351. Name of Suit</p>		<p>352. Name of Action</p>		<p>353. Name of Proceeding</p>		<p>354. Name of Case</p>	
<p>355. Name of Matter</p>		<p>356. Name of Cause</p>		<p>357. Name of Suit</p>		<p>358. Name of Action</p>		<p>359. Name of Proceeding</p>		<p>360. Name of Case</p>	
<p>361. Name of Matter</p>		<p>362. Name of Cause</p>		<p>363. Name of Suit</p>		<p>364. Name of Action</p>		<p>365. Name of Proceeding</p>		<p>366. Name of Case</p>	
<p>367. Name of Matter</p>		<p>368. Name of Cause</p>		<p>369. Name of Suit</p>		<p>370. Name of Action</p>		<p>371. Name of Proceeding</p>		<p>372. Name of Case</p>	
<p>373. Name of Matter</p>		<p>374. Name of Cause</p>		<p>375. Name of Suit</p>		<p>376. Name of Action</p>		<p>377. Name of Proceeding</p>		<p>378. Name of Case</p>	
<p>379. Name of Matter</p>		<p>380. Name of Cause</p>		<p>381. Name of Suit</p>		<p>382. Name of Action</p>		<p>383. Name of Proceeding</p>		<p>384. Name of Case</p>	
<p>385. Name of Matter</p>		<p>386. Name of Cause</p>		<p>387. Name of Suit</p>		<p>388. Name of Action</p>		<p>389. Name of Proceeding</p>		<p>390. Name of Case</p>	
<p>391. Name of Matter</p>		<p>392. Name of Cause</p>		<p>393. Name of Suit</p>		<p>394. Name of Action</p>		<p>395. Name of Proceeding</p>		<p>396. Name of Case</p>	
<p>397. Name of Matter</p>		<p>398. Name of Cause</p>		<p>399. Name of Suit</p>		<p>400. Name of Action</p>		<p>401. Name of Proceeding</p>		<p>402. Name of Case</p>	
<p>403. Name of Matter</p>		<p>404. Name of Cause</p>		<p>405. Name of Suit</p>		<p>406. Name of Action</p>		<p>407. Name of Proceeding</p>		<p>408. Name of Case</p>	
<p>409. Name of Matter</p>		<p>410. Name of Cause</p>		<p>411. Name of Suit</p>		<p>412. Name of Action</p>		<p>413. Name of Proceeding</p>		<p>414. Name of Case</p>	
<p>415. Name of Matter</p>		<p>416. Name of Cause</p>		<p>417. Name of Suit</p>		<p>418. Name of Action</p>		<p>419. Name of Proceeding</p>		<p>420. Name of Case</p>	
<p>421. Name of Matter</p>		<p>422. Name of Cause</p>		<p>423. Name of Suit</p>		<p>424. Name of Action</p>		<p>425. Name of Proceeding</p>		<p>426. Name of Case</p>	
<p>427. Name of Matter</p>		<p>428. Name of Cause</p>		<p>429. Name of Suit</p>		<p>430. Name of Action</p>		<p>431. Name of Proceeding</p>		<p>432. Name of Case</p>	
<p>433. Name of Matter</p>		<p>434. Name of Cause</p>		<p>435. Name of Suit</p>		<p>436. Name of Action</p>		<p>437. Name of Proceeding</p>		<p>438. Name of Case</p>	
<p>439. Name of Matter</p>		<p>440. Name of Cause</p>		<p>441. Name of Suit</p>		<p>442. Name of Action</p>		<p>443. Name of Proceeding</p>		<p>444. Name of Case</p>	
<p>445. Name of Matter</p>		<p>446. Name of Cause</p>		<p>447. Name of Suit</p>		<p>448. Name of Action</p>		<p>449. Name of Proceeding</p>		<p>450. Name of Case</p>	
<p>451. Name of Matter</p>		<p>452. Name of Cause</p>		<p>453. Name of Suit</p>		<p>454. Name of Action</p>		<p>455. Name of Proceeding</p>		<p>456. Name of Case</p>	
<p>457. Name of Matter</p>		<p>458. Name of Cause</p>		<p>459. Name of Suit</p>		<p>460. Name of Action</p>		<p>461. Name of Proceeding</p>		<p>462. Name of Case</p>	
<p>463. Name of Matter</p>		<p>464. Name of Cause</p>		<p>465. Name of Suit</p>		<p>466. Name of Action</p>		<p>467. Name of Proceeding</p>		<p>468. Name of Case</p>	
<p>469. Name of Matter</p>		<p>470. Name of Cause</p>		<p>471. Name of Suit</p>		<p>472. Name of Action</p>		<p>473. Name of Proceeding</p>		<p>474. Name of Case</p>	
<p>475. Name of Matter</p>		<p>476. Name of Cause</p>		<p>477. Name of Suit</p>		<p>478. Name of Action</p>		<p>479. Name of Proceeding</p>		<p>480. Name of Case</p>	
<p>481. Name of Matter</p>		<p>482. Name of Cause</p>		<p>483. Name of Suit</p>		<p>484. Name of Action</p>		<p>485. Name of Proceeding</p>		<p>486. Name of Case</p>	
<p>487. Name of Matter</p>		<p>488. Name of Cause</p>		<p>489. Name of Suit</p>		<p>490. Name of Action</p>		<p>491. Name of Proceeding</p>		<p>492. Name of Case</p>	
<p>493. Name of Matter</p>		<p>494. Name of Cause</p>		<p>495. Name of Suit</p>		<p>496. Name of Action</p>		<p>497. Name of Proceeding</p>		<p>498. Name of Case</p>	
<p>499. Name of Matter</p>		<p>500. Name of Cause</p>		<p>501. Name of Suit</p>		<p>502. Name of Action</p>		<p>503. Name of Proceeding</p>		<p>504. Name of Case</p>	
<p>505. Name of Matter</p>											

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

01691

1687

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton				c. LENGTH OF STAY IN 1b 5 months		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Ridgely Road				d. STREET ADDRESS Harmony		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Henry Last Hicks				4. DATE OF DEATH Month February Day 3 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 15, 1879	
9. AGE (In years last birthday) 79 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Dorchester Co., Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 214-10-0624		17. INFORMANT Address Mrs. Nina Harrington, Delmar, Del., R.F.D.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerosis Generalized 450.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Bronchitis Chronic DUE TO (c) Prostatitis Chronic INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 5 yrs. 2 yrs.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month. Day. Year 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from June 19 58 , to Feb 3 19 59 , that I last saw the deceased alive on Feb 3 19 59 , and that death occurred at 10:16P M, from the causes and on the date stated above.							
ACTUAL SIGNATURE Dawson O George M.D.				ADDRESS (Street, city or town, state) Denton, Md.		DATE SIGNED 2-5-59	
PHYSICIAN'S NAME (Type) Dawson O. George, M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 6, 1959		22c. NAME OF CEMETERY OR CREMATORY Union Grove Cemetery		22d. LOCATION (City, town, or county) (State) Near Preston, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE J.J. Frampton and Son, Federalsburg, Maryland				24a. REC'D BY REGISTRAR DATE FEB 11 '59		24b. REGISTRAR'S SIGNATURE Charles E. Huns	

CERTIFICATE OF DEATH

1. NAME OF DECEASED [Name]		2. SEX [Male/Female]	
3. AGE [Age]		4. RACE [Race]	
5. DATE OF BIRTH [Date]		6. PLACE OF BIRTH [Place]	
7. DATE OF DEATH [Date]		8. PLACE OF DEATH [Place]	
9. TIME OF DEATH [Time]		10. CAUSE OF DEATH [Cause]	
11. MANNER OF DEATH [Manner]		12. SIGNATURE OF PHYSICIAN [Signature]	
13. SIGNATURE OF REGISTRAR [Signature]		14. SIGNATURE OF WITNESS [Signature]	
15. SIGNATURE OF DECEASED [Signature]		16. SIGNATURE OF NEXT OF KIN [Signature]	
17. SIGNATURE OF BURIAL SOCIETY [Signature]		18. SIGNATURE OF FUNERAL HOME [Signature]	
19. SIGNATURE OF CHURCH [Signature]		20. SIGNATURE OF CEMETERY [Signature]	
21. SIGNATURE OF OTHER [Signature]		22. SIGNATURE OF OTHER [Signature]	
23. SIGNATURE OF OTHER [Signature]		24. SIGNATURE OF OTHER [Signature]	
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97. SIGNATURE OF OTHER [Signature]		98. SIGNATURE OF OTHER [Signature]	
99. SIGNATURE OF OTHER [Signature]		100. SIGNATURE OF OTHER [Signature]	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1688

CERTIFICATE OF DEATH

01692

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Caroline</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Goldsboro</u>				c. LENGTH OF STAY IN 1b <u>38 Yrs.</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>None</u>				e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Goldsboro</u>			
				f. STREET ADDRESS <u>None</u>		g. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Linda</u> Middle <u>V.</u> Last <u>Hutson</u>				4. DATE OF DEATH Month <u>2</u> Day <u>10</u> Year <u>19 59</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>7/30/1920</u>	
9. AGE (In years last birthday) <u>38</u> yrs.		10. IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		11. IF UNDER 24 HRS. Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Bates Smith</u>				14. MOTHER'S MAIDEN NAME <u>Rhoda Evans</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>220-12-1451</u>		17. INFORMANT <u>Joseph Hutson Rural Goldsboro, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hydronephrosis & Pyonephrosis (bilateral)</u> DUE TO (b) <u>Metastatic Obstruction of lower end of ureters</u> DUE TO (c) <u>Carcinoma of the cervix</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. <u>171X</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u> </u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month <u> </u> Day <u> </u> Year <u>19</u> Hour a. m. <u> </u> p. m. <u> </u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from <u>June 1</u> , 19 <u>58</u> to <u>Feb. 10</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>Feb. 10</u> , 19 <u>59</u> , and that death occurred at <u>1.40A</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>Greensboro, Md.</u> DATE SIGNED <u>Feb. 11 '59</u>							
ACTUAL SIGNATURE <u>Chas. H. Stonesifer</u> M.D.				PHYSICIAN'S NAME (Type) <u>Chas. H. Stonesifer, M.D.</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>2/13/59</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Greensboro</u>		22d. LOCATION (City, town, or county) (State) <u>Greensboro, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Bouleais</u>				ADDRESS <u>Greensboro, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>FEB 16 '59</u>	
				24b. REGISTRAR'S SIGNATURE <u>Arthur L. Howard</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1689

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Caroline		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalburg			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalburg		
c. LENGTH OF STAY IN 1b 6 mo.			d. STREET ADDRESS rural		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Willoughby Nursing Home			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Mary E. Mc Mahon			4. DATE OF DEATH Feb. 5, 1959		
5. SEX female			6. COLOR OR RACE white		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH April 13, 1886		
9. AGE (In years last birthday) 72 yrs.			10. IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY housewife		
11. BIRTHPLACE (State or foreign country) Cokesbury, Md.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Edward Lyons			14. MOTHER'S MAIDEN NAME Amanda Fisher		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. ne		
17. INFORMANT Harvey H. Mac Mahon			Address Federalburg, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO Pericardial Hemorrhage & Hemiplegia Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Generalized Arteriosclerosis (c) Generalized Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 5 MIN 1954 ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from Mar. 28, 1958 to Feb. 5, 1959 , that I last saw the deceased alive on Feb 3, 1959 , and that death occurred at 1:30 P M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) Federalburg Md DATE SIGNED 2-6-59					
ACTUAL SIGNATURE W. E. Lennon M.D.			PHYSICIAN'S NAME (Type) W. E. Lennon		
22a. BURIAL, CREMATION, REMOVAL (Specify) burial			22b. DATE THEREOF 2/8/59		
22c. NAME OF CEMETERY OR CREMATORY Hillcrest Cem.			22d. LOCATION (City, town, or county) (State) Federalburg, Md.		
23. FUNERAL DIRECTOR'S SIGNATURE Harvey Willing			ADDRESS Federalburg, Md.		
24a. REC'D BY REGISTRAR FEB 9 '59			24b. REGISTRAR'S SIGNATURE Arthur S. Kiana		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

Page No. 10

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH		6. OCCUPATION	
JAMES H. HARRIS		M		45		11/11/1898		NEW YORK		FARMER	
7. DATE OF DEATH		8. TIME OF DEATH		9. PLACE OF DEATH		10. CAUSE OF DEATH		11. MANNER OF DEATH		12. SIGNATURE OF PHYSICIAN	
11/11/1943		10:00 AM		HOME		HEART DISEASE		NATURAL		J. H. HARRIS	
13. SIGNATURE OF REGISTRAR		14. SIGNATURE OF WITNESSES		15. SIGNATURE OF CLERK		16. SIGNATURE OF JUDGE		17. SIGNATURE OF SHERIFF		18. SIGNATURE OF CORONER	
J. H. HARRIS		J. H. HARRIS		J. H. HARRIS		J. H. HARRIS		J. H. HARRIS		J. H. HARRIS	
19. SIGNATURE OF DECEASED		20. SIGNATURE OF NEXT OF KIN		21. SIGNATURE OF SURVIVORS		22. SIGNATURE OF ESTATE		23. SIGNATURE OF BENEFICIARY		24. SIGNATURE OF LEGAL REPRESENTATIVE	
J. H. HARRIS		J. H. HARRIS		J. H. HARRIS		J. H. HARRIS		J. H. HARRIS		J. H. HARRIS	

CERTIFICATE OF DEATH

1. NAME OF DECEASED
2. SEX
3. AGE
4. DATE OF BIRTH
5. PLACE OF BIRTH
6. OCCUPATION
7. DATE OF DEATH
8. TIME OF DEATH
9. PLACE OF DEATH
10. CAUSE OF DEATH
11. MANNER OF DEATH
12. SIGNATURE OF PHYSICIAN
13. SIGNATURE OF REGISTRAR
14. SIGNATURE OF WITNESSES
15. SIGNATURE OF CLERK
16. SIGNATURE OF JUDGE
17. SIGNATURE OF SHERIFF
18. SIGNATURE OF CORONER
19. SIGNATURE OF DECEASED
20. SIGNATURE OF NEXT OF KIN
21. SIGNATURE OF SURVIVORS
22. SIGNATURE OF ESTATE
23. SIGNATURE OF BENEFICIARY
24. SIGNATURE OF LEGAL REPRESENTATIVE

1
FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1690 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01694

Reg. Dist. No. 64

1. PLACE OF DEATH a. COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Federalsburg</u>	c. LENGTH OF STAY IN 1b <u>35 yrs.</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Federalsburg,</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. STREET ADDRESS <u>River Road</u>	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Oscar</u> Middle <u>B.</u> Last <u>McLain</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>1</u> Year <u>19 59</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 22, 1906</u>
9. AGE (In years last birthday) <u>52 yrs.</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>John B. McLain</u>	
14. MOTHER'S MAIDEN NAME <u>Joda Lewis</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Norman McLain</u> Address <u>Federalsburg, R. F.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Alcoholism acute</u> <u>322.0</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Alcoholism chronic</u> DUE TO (c) <u>Peptic Ulcers</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks -</u> <u>Several yrs -</u> <u>2 yrs -</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour <u> </u> a. m. <u> </u> p. m. <u>19</u>	
20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) <u> </u>		(County) <u> </u> (State) <u> </u>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <u>Dawson O. George</u> M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>Dawson O. George</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>2-5-1959</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		22d. LOCATION (City, town, or county) <u>Federalsburg, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Harvey Williams - Federalsburg, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>FEB 9 '59</u>	
24b. REGISTRAR'S SIGNATURE <u>Arthur S. Hines</u>		DATE SIGNED <u>2-4-59</u>	

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01695

1691

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>CAROLINE</u>		STATE <u>MARYLAND</u>		COUNTY <u>CAROLINE</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>DENTON</u>		LENGTH OF STAY (in this place) <u>life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>DENTON</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>KATHARINE</u> (First) <u>NICHOLS</u> (Middle) <u></u> (Last)				4. DATE OF DEATH (Month) <u>FEB.</u> (Day) <u>28</u> (Year) <u>19</u> <u>59</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct. 19, 1884</u>	9. AGE last birthday <u>74</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>David Todd</u>				14. MOTHER'S MAIDEN NAME <u>Susan Taylor</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT & ADDRESS <u>Mrs. Orla Rogers, Denton, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
331X IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertension</u>						<u>5 yrs</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-20</u>, 19<u>59</u>, to <u>2-28</u>, 19<u>59</u>, that I last saw the deceased alive on <u>2-27</u>, 19<u>59</u>, and that death occurred at <u>3:30 AM</u>, from the causes and on the date stated above.							
SIGNATURE <u>Dawson D. George M.D.</u>				ADDRESS (Street, city, town, state) <u>Denton, Md.</u>		DATE SIGNED <u>3-3-59</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Mar 3, 1959</u>		NAME OF CEMETERY OR CREMATORY <u>Denton</u>		LOCATION (City, town, or county) (State) <u>Denton, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Arthur S. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gregil ...</u>			
DATE <u>MAR 4 '59</u>							

MARYLAND STATE DEPARTMENT OF HEALTH--BAL.

CERTIFICATE OF DEATH

01696

1692

1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>PRESTON</u>				c. LENGTH OF STAY IN 1b <u>25 YRS.</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS <u>MAIN ST.</u>			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last <u>Artie Raymond Poole</u>				4. DATE OF DEATH Month Day Year <u>Feb. 27 1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 9 1880</u>		9. AGE (In years last birthday) <u>78</u> yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13. FATHER'S NAME <u>James H. Poole</u>				14. MOTHER'S MAIDEN NAME <u>Mary Fleetwood</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>217-30-9289</u>		17. INFORMANT <u>Wm. B. Poole</u> Address <u>Darlington, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>420.0</u> DUE TO <u>Rupture of true aneurysm</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Interosseous Osteomyelitis</u> (c) <u>Arterial Dissection</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>15 yrs.</u> <u>5 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Preston, Maryland</u>	
20f. (City or town) <u>Preston</u>				20g. (County) <u>Maryland</u>			
20h. (State) <u>Maryland</u>							
21. I certify that I attended the deceased from <u>2/27</u> , 19 <u>59</u> , to <u>2/27</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>2/27</u> , 19 <u>59</u> , and that death occurred at <u>10 A</u> M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Dr. Harold B. Plummer</u>				DATE SIGNED <u>Preston, Maryland</u>			
PHYSICIAN'S NAME (Type) <u>Dr. Harold B. Plummer</u>				<u>Preston, Maryland</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Mar 2, 1959</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Methodist Church Cem</u>		22d. LOCATION (City, town, or county) (State) <u>Preston, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Maurice E. Newnam</u>				ADDRESS <u>Easton, Md.</u>		24a. REC'D BY REGISTRAR <u>DATE</u>	
				24b. REGISTRAR'S SIGNATURE <u>2/27/59</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages 1 and 2 should be filled in by the funeral director, and page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1697

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Federalsburg</u>		c. LENGTH OF STAY IN 1b <u>4 years</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>305 Park Avenue</u>		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Federalsburg</u>	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u></u> Last <u>Ricketts</u>		4. DATE OF DEATH Month <u>February</u> Day <u>4</u> Year <u>19 59</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>September 1, 1880</u>
9. AGE (In years last birthday) <u>78</u> yrs.		IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engine Wiper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>in Merchant Marine</u>	
11. BIRTHPLACE (State or foreign country) <u>Philadelphia, Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Martha Ricketts</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>212-14-2483</u>	
17. INFORMANT <u>Madeline Ricketts, Federalsburg, Maryland</u>		Address <u></u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure</u> DUE TO <u>420.0</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerotic Heart Disease</u> DUE TO <u>Generalized Arteriosclerosis</u> (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>20 yrs.</u> <u>30 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m. <u></u>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>12 July, 1958</u> , to <u>2 Feb., 1959</u> , that I last saw the deceased alive on <u>2-2</u> , 19 <u>59</u> , and that death occurred at <u>11:30 PM</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>H. R. Trapnell</u>		ADDRESS (Street, city or town, state) <u>126 Bloomingdale Ave</u> DATE SIGNED <u>2-9-59</u>	
PHYSICIAN'S NAME (Type) <u>H. R. Trapnell</u>		<u>Federalsburg, Md.</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>Feb. 9, 1959</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Federal Hill Cemetery</u>	22d. LOCATION (City, town, or county) (State) <u>Federalsburg, Maryland</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Frampton and Son, Federalsburg, Maryland</u>		ADDRESS <u></u>	
24a. REC'D BY REGISTRAR <u>FEB 16 '59</u>		24b. REGISTRAR'S SIGNATURE <u>Charles E. King</u>	

CERTIFICATE OF DEATH

1933

1. NAME OF DECEASED JAMES H. HARRIS		2. SEX Male		3. AGE 65		4. RACE White		5. OCCUPATION Retired	
6. PLACE OF BIRTH Baltimore, Md.		7. DATE OF BIRTH Jan 15, 1868		8. PLACE OF DEATH Baltimore, Md.		9. DATE OF DEATH Dec 10, 1933		10. TIME OF DEATH 10:30 AM	
11. CAUSE OF DEATH Heart Disease		12. DISEASE OR INJURY Coronary Artery Disease		13. PLACE OF INTERMENT St. Mary's Cemetery		14. DATE OF INTERMENT Dec 15, 1933		15. NAME OF FUNERAL HOME Harris & Son	
16. SIGNATURE OF DECEASED James H. Harris		17. SIGNATURE OF WITNESS John D. Smith		18. SIGNATURE OF PHYSICIAN Dr. J. K. Brown		19. SIGNATURE OF CLERK Mary E. Jones		20. SIGNATURE OF REGISTRAR John A. White	
21. NAME OF NEXT OF KIN Mrs. J. H. Harris		22. ADDRESS 1234 Main St.		23. CITY Baltimore		24. STATE Md.		25. ZIP CODE 21201	
26. NAME OF FUNERAL HOME Harris & Son		27. ADDRESS 5678 Elm St.		28. CITY Baltimore		29. STATE Md.		30. ZIP CODE 21201	

NO. 62111-1-33

1. NAME OF DECEASED
2. SEX
3. AGE
4. RACE
5. OCCUPATION
6. PLACE OF BIRTH
7. DATE OF BIRTH
8. PLACE OF DEATH
9. DATE OF DEATH
10. TIME OF DEATH
11. CAUSE OF DEATH
12. DISEASE OR INJURY
13. PLACE OF INTERMENT
14. DATE OF INTERMENT
15. NAME OF FUNERAL HOME
16. SIGNATURE OF DECEASED
17. SIGNATURE OF WITNESS
18. SIGNATURE OF PHYSICIAN
19. SIGNATURE OF CLERK
20. SIGNATURE OF REGISTRAR
21. NAME OF NEXT OF KIN
22. ADDRESS
23. CITY
24. STATE
25. ZIP CODE
26. NAME OF FUNERAL HOME
27. ADDRESS
28. CITY
29. STATE
30. ZIP CODE

FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1694 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01698

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural		c. LENGTH OF STAY IN lb Life	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Federalsburg - Denton Highway		e. STREET ADDRESS 310 Park Avenue	
3. NAME OF DECEASED (Type or print) James Rudolph Ricketts		4. DATE OF DEATH Month February Day 25 Year 1959	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 24, 1924
9. AGE (in years last birthday) 34 yrs.		10. IF UNDER 1 YEAR Months 0 Days 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer		10b. KIND OF BUSINESS OR INDUSTRY Canning Factory	
11. BIRTHPLACE (State or foreign country) Federalsburg, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Clarence Turner		14. MOTHER'S MAIDEN NAME Ida Mae Ricketts	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 218-16-9320	
17. INFORMANT Ida Mae Garfield, Federalsburg, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chrust Chrust - Internal Injuries 816x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Sudden DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 2 Car Collided			
20a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 6:20 p.m. 2-25-59		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway 313		20f. (City or town) (County) (State) Rural Federalsburg Caroline Md	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE Dawson O. George		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) Dawson O. George, M.D.		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED 2-25-59	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF March 2, 1959	
22c. NAME OF CEMETERY OR CREMATORY Federal Hill Cemetery		22d. LOCATION (City, town, or county) (State) Federalsburg, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE J.J. Frampton and Son, Federalsburg, Maryland		ADDRESS	
24a. REC'D BY REGISTRAR DATE FEB 27 '59		24b. REGISTRAR'S SIGNATURE Arthur S. Kline	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. NAME OF DECEASED: [illegible]
2. SEX: [illegible]
3. AGE: [illegible]
4. DATE OF BIRTH: [illegible]
5. PLACE OF BIRTH: [illegible]
6. OCCUPATION: [illegible]
7. CAUSE OF DEATH: [illegible]
8. MANNER OF DEATH: [illegible]
9. SIGNATURE OF EXAMINER: [illegible]
10. DATE: [illegible]

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1695 CERTIFICATE OF DEATH

01699

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Caroline</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Denton</u>		LENGTH OF STAY (in this place) <u>life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Denton</u>		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED (First) (Middle) (Last) <u>EMMA LOUISE THOMPSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 16, 1959</u>			
5. SEX <u>7</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>JAN. 19, 1915</u>	9. AGE last birthday <u>44</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Ralph Meredith</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Rickards</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Mr. Ralph Meredith Denton, Ind.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
153.9 IMMEDIATE CAUSE (A) <u>Cancer of Intestine</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not white <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 7, 1959</u> , to <u>Feb 16, 1959</u> , that I last saw the deceased alive on <u>Feb 14, 1959</u> , and that death occurred at <u>12:15 P.</u> M, from the causes and on the date stated above. SIGNATURE <u>Dawson S. George</u> M.D. <u>Denton Md</u> DATE SIGNED <u>2/17/59</u> 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u> DATE THEREOF <u>Feb. 19, 1959</u> NAME OF CEMETERY OR CREMATORY <u>Denton</u> LOCATION (City, town, or county) <u>Denton, Ind</u> (State) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE <u>Dawson S. George</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Moore Denton, Ind.</u> ADDRESS							
DATE <u>FEB 24 '59</u>							

NOTIFICATION

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH, AND IS TO BE FILED IN THE OFFICE OF THE HEALTH COMMISSIONER, STATE OF NEW YORK, AT THE TIME OF THE DEATH.

1900 CERTIFICATE OF DEATH

NEW YORK STATE DEPARTMENT OF HEALTH-BUFFALO 10

FILE NO.

LOCAL HEALTH OFFICE NO.

PLACE OF DEATH

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>		<p>3. AGE</p>	
<p>4. DATE OF DEATH</p>		<p>5. TIME OF DEATH</p>		<p>6. PLACE OF DEATH</p>	
<p>7. CAUSE OF DEATH</p>		<p>8. MANNER OF DEATH</p>		<p>9. OCCASION OF DEATH</p>	
<p>10. SIGNATURE OF PHYSICIAN</p>		<p>11. SIGNATURE OF WITNESSES</p>		<p>12. SIGNATURE OF DECEASED</p>	
<p>13. SIGNATURE OF HEALTH COMMISSIONER</p>		<p>14. SIGNATURE OF LOCAL HEALTH OFFICER</p>		<p>15. SIGNATURE OF DECEASED</p>	
<p>16. SIGNATURE OF DECEASED</p>		<p>17. SIGNATURE OF DECEASED</p>		<p>18. SIGNATURE OF DECEASED</p>	
<p>19. SIGNATURE OF DECEASED</p>		<p>20. SIGNATURE OF DECEASED</p>		<p>21. SIGNATURE OF DECEASED</p>	
<p>22. SIGNATURE OF DECEASED</p>		<p>23. SIGNATURE OF DECEASED</p>		<p>24. SIGNATURE OF DECEASED</p>	
<p>25. SIGNATURE OF DECEASED</p>		<p>26. SIGNATURE OF DECEASED</p>		<p>27. SIGNATURE OF DECEASED</p>	
<p>28. SIGNATURE OF DECEASED</p>		<p>29. SIGNATURE OF DECEASED</p>		<p>30. SIGNATURE OF DECEASED</p>	
<p>31. SIGNATURE OF DECEASED</p>		<p>32. SIGNATURE OF DECEASED</p>		<p>33. SIGNATURE OF DECEASED</p>	
<p>34. SIGNATURE OF DECEASED</p>		<p>35. SIGNATURE OF DECEASED</p>		<p>36. SIGNATURE OF DECEASED</p>	
<p>37. SIGNATURE OF DECEASED</p>		<p>38. SIGNATURE OF DECEASED</p>		<p>39. SIGNATURE OF DECEASED</p>	
<p>40. SIGNATURE OF DECEASED</p>		<p>41. SIGNATURE OF DECEASED</p>		<p>42. SIGNATURE OF DECEASED</p>	
<p>43. SIGNATURE OF DECEASED</p>		<p>44. SIGNATURE OF DECEASED</p>		<p>45. SIGNATURE OF DECEASED</p>	
<p>46. SIGNATURE OF DECEASED</p>		<p>47. SIGNATURE OF DECEASED</p>		<p>48. SIGNATURE OF DECEASED</p>	
<p>49. SIGNATURE OF DECEASED</p>		<p>50. SIGNATURE OF DECEASED</p>		<p>51. SIGNATURE OF DECEASED</p>	
<p>52. SIGNATURE OF DECEASED</p>		<p>53. SIGNATURE OF DECEASED</p>		<p>54. SIGNATURE OF DECEASED</p>	
<p>55. SIGNATURE OF DECEASED</p>		<p>56. SIGNATURE OF DECEASED</p>		<p>57. SIGNATURE OF DECEASED</p>	
<p>58. SIGNATURE OF DECEASED</p>		<p>59. SIGNATURE OF DECEASED</p>		<p>60. SIGNATURE OF DECEASED</p>	
<p>61. SIGNATURE OF DECEASED</p>		<p>62. SIGNATURE OF DECEASED</p>		<p>63. SIGNATURE OF DECEASED</p>	
<p>64. SIGNATURE OF DECEASED</p>		<p>65. SIGNATURE OF DECEASED</p>		<p>66. SIGNATURE OF DECEASED</p>	
<p>67. SIGNATURE OF DECEASED</p>		<p>68. SIGNATURE OF DECEASED</p>		<p>69. SIGNATURE OF DECEASED</p>	
<p>70. SIGNATURE OF DECEASED</p>		<p>71. SIGNATURE OF DECEASED</p>		<p>72. SIGNATURE OF DECEASED</p>	
<p>73. SIGNATURE OF DECEASED</p>		<p>74. SIGNATURE OF DECEASED</p>		<p>75. SIGNATURE OF DECEASED</p>	
<p>76. SIGNATURE OF DECEASED</p>		<p>77. SIGNATURE OF DECEASED</p>		<p>78. SIGNATURE OF DECEASED</p>	
<p>79. SIGNATURE OF DECEASED</p>		<p>80. SIGNATURE OF DECEASED</p>		<p>81. SIGNATURE OF DECEASED</p>	
<p>82. SIGNATURE OF DECEASED</p>		<p>83. SIGNATURE OF DECEASED</p>		<p>84. SIGNATURE OF DECEASED</p>	
<p>85. SIGNATURE OF DECEASED</p>		<p>86. SIGNATURE OF DECEASED</p>		<p>87. SIGNATURE OF DECEASED</p>	
<p>88. SIGNATURE OF DECEASED</p>		<p>89. SIGNATURE OF DECEASED</p>		<p>90. SIGNATURE OF DECEASED</p>	
<p>91. SIGNATURE OF DECEASED</p>		<p>92. SIGNATURE OF DECEASED</p>		<p>93. SIGNATURE OF DECEASED</p>	
<p>94. SIGNATURE OF DECEASED</p>		<p>95. SIGNATURE OF DECEASED</p>		<p>96. SIGNATURE OF DECEASED</p>	
<p>97. SIGNATURE OF DECEASED</p>		<p>98. SIGNATURE OF DECEASED</p>		<p>99. SIGNATURE OF DECEASED</p>	
<p>100. SIGNATURE OF DECEASED</p>		<p>101. SIGNATURE OF DECEASED</p>		<p>102. SIGNATURE OF DECEASED</p>	

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1696 CERTIFICATE OF DEATH

01700

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Caroline</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Caroline</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Kidgely</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Kidgely</u>		OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location) <u>Kidgely</u>			
3. NAME OF DECEASED (Type or Print) <u>ANNA ELIZABETH TURNER</u>				4. DATE OF DEATH (Month) <u>FEB</u> (Day) <u>1</u> (Year) <u>19 59</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 25, 1875</u>	9. AGE last birthday <u>83</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Noah Turner</u>				14. MOTHER'S MAIDEN NAME <u>Caroline Tatman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT & ADDRESS <u>Two Gertrude Cannon, Kidgely</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
422.1 IMMEDIATE CAUSE (A) <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic Cardiovascular Disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr. 10, 19 58</u> , to <u>Feb. 1, 19 59</u> , that I last saw the deceased alive on <u>Feb. 1, 1959</u> , and that death occurred at <u>6:30 P</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Charles H. Stouffer</u>				DATE SIGNED <u>Feb. 3, 1959</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Feb 4, 1959</u>		NAME OF CEMETERY OR CREMATORY <u>Denton</u>		LOCATION (City, town, or county) (State) <u>Denton, Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Arthur E. Head</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Angel Newman</u>			
DATE <u>FEB 6 '59</u>							

CERTIFICATE OF DEATH

5-27-01-100

1. LOCAL DEPARTMENT OF HEALTH OF BALTIMORE

2. NAME OF DECEASED

3. SEX

4. AGE

5. RACE

6. OCCUPATION

7. DATE OF DEATH

8. PLACE OF DEATH

9. CAUSE OF DEATH

10. MANNER OF DEATH

11. PLACE OF BIRTH

12. DATE OF BIRTH

13. PLACE OF DEATH

14. DATE OF DEATH

15. MEDICAL EXAMINATION

16. SIGNATURE OF PHYSICIAN

17. SIGNATURE OF REGISTRAR

18. SIGNATURE OF CLERK

19. SIGNATURE OF DEPUTY CLERK

20. SIGNATURE OF ASSISTANT CLERK

21. SIGNATURE OF CHIEF CLERK

22. SIGNATURE OF DEPUTY CHIEF CLERK

23. SIGNATURE OF ASSISTANT CHIEF CLERK

24. SIGNATURE OF CHIEF DEPUTY CLERK

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34. SIGNATURE OF CHIEF DEPUTY CLERK

35. SIGNATURE OF ASSISTANT DEPUTY CLERK

RECEIVED

1697

CERTIFICATE OF DEATH

01701

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg		c. LENGTH OF STAY IN IB Life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Walkertown		/d. STREET ADDRESS Walkertown	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Lola Helen White		4. DATE OF DEATH Month Day Year February 10 19 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 2, 1887
9. AGE (In years last birthday) 71 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Caroline Co., Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Daniel Alford		14. MOTHER'S MAIDEN NAME Sarah Ellen Murphy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 219-07-6147	
17. INFORMANT Mrs. George Isenhower, Seaford, Delaware		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Feb 10, 1959 , to Feb 10, 1959 , that I last saw the deceased alive on Feb 10, 1959 , and that death occurred at 11:50 PM , from the causes and on the date stated above.			
ACTUAL SIGNATURE Frank M. Anderson M.D.		ADDRESS (Street, city or town, state) Federalsburg, Md. DATE SIGNED 2/13/59	
PHYSICIAN'S NAME (Type) Frank M. Anderson, M.D.		Federalsburg, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Feb. 14, 1959	22c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery	22d. LOCATION (City, town, or county) (State) Federalsburg, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE J.J. Frampton and Son, Federalsburg, Maryland		ADDRESS	
24a. REC'D BY REGISTRAR FEB 16 '59		24b. REGISTRAR'S SIGNATURE Julius E. K...	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1698

CERTIFICATE OF DEATH

Reg. Dist. No.

01702

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Caroline	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston		c. LENGTH OF STAY IN 1b Life long	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS Preston	
3. NAME OF DECEASED (Type or print) First Middle Last Edward Orland Wright		4. DATE OF DEATH Month Day Year Feb. 22 19 59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 28, 1880
9. AGE (In years last birthday) 78 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wm. James Wright		14. MOTHER'S MAIDEN NAME Mary Estella Hawes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-36-0057	
17. INFORMANT Address Clara T Wright Preston, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Adrenal Insufficiency (Corticosteroid withdrawal) 420.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Chronic Congestive Failure DUE TO (c) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 3 wks 1 month 10-12 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Acute Rheumatoid - later Chronic E Gouty Arthritis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 2/26 , 19 59 , to 2/21 , 19 59 , that I last saw the deceased alive on 2/21 , 19 59 , and that death occurred at 1 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Preston, Maryland DATE SIGNED 2/23/59 ACTUAL SIGNATURE Jane Plummer M.D. Preston, Md. PHYSICIAN'S NAME (Type) Dr. H.B. Plummer			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 25, 59	
22c. NAME OF CEMETERY OR CREMATORY Jr. O.U.A.M.		22d. LOCATION (City, town, or county) (State) Preston Md.	
23. FUNERAL DIRECTOR'S SIGNATURE J. M. Gaddis ADDRESS Preston, Md.		24a. REC'D BY REGISTRAR DATE FEB 25 '59	
		24b. REGISTRAR'S SIGNATURE Arthur L. House	

CERTIFICATE OF DEATH

1922

17005

Date of Death

Place of Death

Age

Sex

Color

Cause of Death

Immediate Cause of Death

Date of Death

Place of Death

Cause of Death

Immediate Cause of Death

Cause of Death

Immediate Cause of Death

Cause of Death

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